

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth Globe County Gila No. St.
(Registration District)

SEX OF CHILD* Female	Twin Triplet or other?	{ and }	Number in order of birth
DATE OF BIRTH* <u>September 27 1924</u> (Month) (Day) (Year)			
FULL NAME		FATHER	
FULL MAIDEN NAME		MOTHER	

I HEREBY CERTIFY that the child described herein has been named

Margaret Joan Seppala
(Give name in full) (Surname)

Mrs. G. E. Seppala
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M-8-42-Bower Co.

421-927-837